

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/585027**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		/				
5		/				
6		/				
7		/				
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50		0000				
TOTAL IND.	/	↓		↓		↓
TOTAL DEP.	0	4		3		1
TOTAL CLAIMS	/					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		4		3		4
TOTAL CLAIMS						